

**STATE OF MARYLAND**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**INSTRUCTIONS**  
**for Completing Forms DHMH 432A-H**  
**Human Service Contract Proposal**

This package is a standard application to become a vendor for a health related human services program funded in whole or part by the State of Maryland, Department of Health and Mental Hygiene. The package is made available to those program administrations listed below. Check with the appropriate program administration to determine whether this or another application should be used.

It is recommended that the entire package be reviewed before completing it. Also, if you are unsure of what is being asked of you, please contact the program administration or the Division of Program Cost and Analysis for clarification before proceeding.

Division of Program Cost and Analysis	(410) 767-5140
AIDS Administration	(410) 767-5019
Alcoholism and Drug Abuse Administration	(410) 767-6872
Community and Public Health Administration	(410) 767-6742
Medical Care Policy Administration	(410) 767-1430
Mental Hygiene Administration	(410) 767-1381
Developmental Disabilities Administration	(410) 767-5600

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I. **DHMH 432A Transmittal Page**

A. **Vendor Information:**

- . Organization - Enter formal, corporate or agency name.
- . Address - Enter street address or box number.
- . Telephone - If long distance from Baltimore, prefix the number "1" and area code, if appropriate.
- . Federal Employer ID - Required - Payments can not be made to vendors without this number.
- . Minority Enterprise - If your organization meets the definition per the Annotated Code of Maryland - (optional)

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- . Fiscal Year(s) or period for which funds are requested. Enter state FY or indicate if the request is for less than a 12-month time period. This line must be in the format 7/1/97-6/30/98.
- . Type of service to be funded - Use major service categories - some examples would be: Outpatient Clinic Services, Information and Referral or Day Care.
- . Performance Measure Detail - is this schedule (DHMH 432C) attached?
- . Fundraising - are funds generated in this manner? If so, are State funds used in fundraising activities?

### B. **Affirmations and Signature of Certifying Official:**

The certifying official should be an officer of the corporation; the chief executive if the applicant is a local government; or if the applicant is a public agency, the director of that agency.

### C. **Third Party Review:**

Every proposal from a private organization is subject to review by the local health department. Other reviews may be required by law or policy. Check with the program administration from which funding is being sought to determine what other reviews may be necessary.

## II. **DHMH 432B - Program Budget Page**

**Program Administration** - the DHMH unit to whom you are submitting the document; for example, Mental Hygiene Administration.

**Award Number** - if this is a continuation contract, the DHMH award number designation.

**Date Submitted** - date you are formally returning the completed package to the appropriate administration.

**Contract Period** - period of budgeted service, must be in the form MM/DD/YY - MM/DD/YY.

**Fiscal Year** - State fiscal year of the contract; for example FY 98.

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**Organization** - formal corporate or agency name.

**Phone Number** - number, including area code, where calls about program and fiscal matters should be directed.

**Street Address** - mailing address for program and fiscal information.

**City, State, County** - see above.

**Zip** - See above.

**Program Title** - specific title indicating program type; for example, community residential.

**Chargeable Services** - those services for which you may get reimbursement either from the client, and/or insurance, Medicaid, etc. The Department issues an annual non-chargeable services list. This list is available from the Division of Program Cost and Analysis. If your agency provides a service that is not on the Nonchargeable Service list, the service is chargeable and should have a rate established by the Division of Program Cost and Analysis.

**DHMH Provides 50% or More of Funding** - the DHMH award plus applicable fees is the DHMH share. Divide this share by your total budget to determine the answer to this question.

Enter all costs associated with the program services to be delivered. Apportion costs by funding sources in the same ratio as a particular source of funding is to total anticipated funding unless State or other funding sources are to be restricted to a particular purpose, i.e., partial salary, space cost, equipment, etc. If that is the case, delete such funding for determination of ratios and proceed with cost apportionment for unrestricted funding; then insert restricted funding.

If the proposal is for less than a full fiscal year or for supplemental funding, check with the appropriate program administration to determine if it wishes an annualized budget in addition to the actual budget. If so,

use a photocopy of the form for that purpose.

**Do not change the line items on the DHMH 432B form.**  
**Additional line items must be totaled under Other, with detailed breakdown attached.**

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Any budgets not complying with this instruction will be returned for correction.

These forms also are to be used to request supplemental funding or reduction.

### **III. *DHMH 432C - Program Budget Estimated Performance Measures***

This schedule is to be used to detail the estimated performance measures for the fiscal year relative to the contract award. As defined in the Human Services Agreements Manual (Section 1034), performance measures are the identified measures of the output of a specific human service agreement.

### **IV. *DHMH 432D Schedule of Salary Costs***

- . Merit System - If the position is to be filled using a state or local merit system, identify that system.
- . Grade and Step - Ignore if not merit system driven. Temporary positions for replacement of persons on leave should be separately identified.
- . Hours per week are required.
- . Expected expenditures should be listed if the proposal or the position is for less than one year. Append a note or secondary schedule showing the annual salary.
- . If the position is vacant, indicate the expected hiring date.
- . Include annual leave, promotion, etc.
- . Do not include fringe costs.

The total for this schedule must equal the salary line item on the Program Budget page (DHMH 432B) in the "DHMH Funding" column or, if applicable, the "Suppl. Funding" column.

The Total Program Budget may be required by the program administrations.

### **V. *DHMH 432E - Schedule of Consultant Costs***

List the individual's name. If payment will be made to a business, list the firm's name also. List only the highest applicable degree held. Total costs must equal the hourly rate times the total number of hours. The total for this schedule must equal the consultant line item in the "DHMH Funding" (or "Suppl. Funding") column on the Program Budget page.

The Total Program Budget may be required by the program administration.

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**Note:** The consultant-contractor relationship is defined by individual, personal delivery of service where the former has a high degree of autonomy over use of time, selection of process, and utilization of resources. Use IRS guidelines to distinguish between a consultant and an employee.

Legal, accounting, or audit services, should not be entered on this schedule (even though one may hire on an individual basis) but should be identified on the line item provided for that purpose on the DHMH 432B - Program Budget page.

The Total Program Budget may be required by the program administration.

## **VI. *DHMH 432F - Schedule of Equipment Costs***

This schedule is to be used to detail all equipment costing \$500 or more per item to be purchased with DHMH funds. List in one lump sum all equipment costing under \$500 per item.

The justification column is to be used to describe the need for the item to be purchased and its proposed use. Indicate if the item is additional equipment or to replace equipment purchased previously with DHMH funds. If the latter, state when the prior funding was made and what was the disposition of the old equipment. Also, indicate if the item is office equipment or for use in client services. If more space is needed, continue the narrative within the column. For each item, skip a line. Use additional photocopied pages as necessary. The total for this schedule must equal the combined totals of equipment line items in the "DHMH Funding" (or "Suppl. Funding") column on the Program Budget page.

The Total Program Budget may be required by the program administrations.

**VII. *DHMH 432G - Purchase of Service***

This schedule is to be used to detail any amounts reflected on the Purchase of Service line item on the Total Program Budget (DHMH 432B) page. List the type of service, the vendor from whom the service is purchased, the performance measures relative to that purchased service and the DHMH funding and the total funding for a service and vendor. The total for this schedule must equal the total of the Purchase of Service line item on the □DHMH Funding□ column and □Program Budget□ column on the Program Budget page (DHMH 432B).

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**VIII. *DHMH 432H - Anticipated Sources of Funding Page***

List all sources of funding anticipated for this program. In-Kind funding should be listed here, but do not show it on the DHMH 432B-Program Budget.

**IX. *General Instructions***

- A. Forward this proposal to the program administration from which funding is being sought. If filing as a result of a solicitation (RFP), follow whatever instructions for routing that the RFP specifies.
- B. Discard these instructions before submitting the application.

**DHMH 432 Instructions - (Rev. February, 1997)**